FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

FILED

May 13 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P95000070166 (0)

W & H DEVELOPMENT, INC.

STREET ADDRESS CITY-ST-ZIP

Principal Place			Mailing Address							
610 E. MAIN ST LEESBURG FL			E. MAIN STREET BURG FL 34748-5316							
							3. Date Incorporated or Qualified 09/12/1995		ate of Last Ro 01/1996	oport
2. Principal Pr	lace of Business	2a. N	Mailing Address		-		4. FEI Number		Ap	plied For
21		26					59-3341041			t Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A	
City & State			City & State				6. Election Campaign Financing		\$5.00	
23 Zin	Zip Country		28] Zip Country			· · · · · · · · · · · · · · · · · · ·	Trust Fund Contribution		Added to	
	 -		· —				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			
24	25 9. Name and Address of Curren	29 t Registe	والمرابع والمرابع والمستورين والمرابع والمستورين والمستور والمستورين والمستورين والمستورين والمستورين				10. Name and Address of New Registered Agent			
D∩R	UCK, H. D JR.				81	Name		3 .0.0.0		
	E. MAIN STREET				82					
	SBURG FL 34748					Street Add	ddress (P.O. Box Number is Not Acceptable)			
u.	350110 TE 34740				83					
					84	City		FL	85 Zip C	Code
11. Pursuant to	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the oblications.	2 and 607 of Florida	1508, Florida Statut Such change was a	es, the a	bove d by	e-named cor the corpora	poration submits this statement for the pation's board of directors. I hereby acce			s registered registered
SIGNATURE	Trialitation with, and accept the onlige	anona or, i	30010011001.0305,111	maa ota	tutos					
SIGNATURE	Signature, typed or printed name of registered age	nt and tille if a	applicable. (NOI	. Registere	d Agr	nnt signature requ	ired when reinstating)	DA1E.		
12.	OFFICERS AN	D DIRLCT		13.			ADDITIONS/CHANGES TO OFFIC	ERS ANI		
TITLE	D		DELETE		TLE				L Change	Addition
NAME	WAGNER, CLARON D		1.2 N		1.2 NAME					
STREET ADDRESS			1.3 \$		THEET	ADDRESS				
CITY-ST-ZIP	OKAHUMPKA FL 34762					I - ZIP				
TOTLE	D		☐ DELETE	2.1 Ti					☐ Change	Addition
NAME	HEWITT, HOWARD H		2.3 \$		2.2 NAME		ئي	•		
STREET ADDRESS	3839 COUNTY ROAD 48				TREET	ADDRESS				
CITY-ST-ZIP	OKAHUMPKA FL 34762					ST - ZIP				
TITLE					TLE				L Change	Addition
NAME				3.2 N						
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP					ST-ZIP			Channe	A delition	
TITLE			4.1 3					L Change	☐ Addition	
NAME				4.21						
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP						ST - 71₽			Change	Addition
TITLE			□ perrit						FT CHANGE	LT Madition
NAME				5.2 N		4000555				
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP			DELETE			ST - ZIP			Change	Addition
TITLE			FT Deter	611					change	L Addition
NAME				62 N	AML	I				

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address